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# **“I thought . . . maybe this is my chance”**

## **Sexual Abuse Against Girls and Women With Disabilities in Malawi**

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This article is based on a pilot study conducted in Malawi in 2006 that intended to uncover episodes of violence and abuse against women and girls with disabilities and furthermore to explore the mechanisms behind such acts. The stories of 23 women with disabilities were obtained through in-depth semistructured interviews that covered, among other topics, aspects of sexual abuse experienced by or known to these women. None of the informants reported having been sexually abused during childhood. In adulthood, several had experienced what they themselves defined as sexual abuse: Men came and wanted to “marry” them. When the woman became pregnant, the man disappeared and left her alone. The interviewees were very opinionated regarding this theme and sought both social and political action in this matter, especially a means to enforce men to take economic responsibility for their biological children. The informants stressed that adapted education for women with disabilities would allow them to become more economically independent and be better able to refuse the advances of unserious suitors.

**Keywords:** *sexual abuse; sexual harassment; girls/women with disabilities; Malawi*

**I**t has been claimed that girls and women in Africa are often the victims of sexual abuse and that girls and women with disabilities are at increased risk. This article will describe the situation for 23 women with physical, hearing, visual, or intellectual disability and women with albinism. The informants are living in an urban district in Malawi, and the data were collected through qualitative interviews conducted in 2006 (Kvam & Braathen, 2006).

## **Introduction**

### **Definitions**

The United Nations (1994) defines disability as one or more functional limitations that may occur in any population and in any country in the world. Furthermore, disability

may be permanent or transitory, and can be manifested by physical, intellectual or sensory impairment, medical conditions or mental illness—or a combination thereof. Disabilities may lead to limitations, discrimination, or loss of opportunities, which may prevent a person from partaking in life on an equal level with other members of the community.

The Council of Europe (1992) includes within sexual abuse and exploitation acts of rape, sexual aggression, indecent assaults, indecent exposure, involvement in pornography, and prostitution. In this article, most of the cited studies emphasize the degree of physical contact between the abuser and the victim.

### **Consequences of Sexual Abuse**

Sexual abuse often leads to mental, social, or physical problems in the victims (Beitchman et al., 1991a, 1991b; Ferguson & Dacey, 1997; Kendall-Tackett, Williams, & Finkelhor, 1993; Kendler et al., 2000; Kirkengen, 2001; MacMillan et al., 2001; McCauley, Kern, & Kolodner, 1997; Sobsey & Mansell, 1994). The consequences seem to be even more pronounced when the victim has a disability (Cruz, Price-Williams, & Andron, 1998; Kvam, Loeb, & Tambs, 2007; Sobsey & Mansell, 1994; Turk & Brown, 1993).

### **The Vulnerability of Women With Disabilities**

In an American study (Conte, Wolf, & Smith, 1989), male prisoners sentenced for sexual abuse of children were interviewed and revealed that they were concerned with the risk that the assault would be found out and therefore took certain precautions when searching for a potential victim. The victim should preferably be a child who was easily accessible, had few good peer relations, little self-confidence, and was not likely to tell about the assault. People with disabilities are often accessible to a potential abuser, as they may need help from different caretakers (Sobsey & Mansell, 1994); more seldom have a close friend (Gualnick, Neville, Hammond, & Connor, 2007; Kvam, 1993; Matheson, Olsen, & Weisner, 2007); and have lower self-confidence (Armstrong, Rosenbaum, & King, 1992). In addition, they may be less likely to tell about an abusive situation because of communication difficulties and possible reduced mental capacity. Thus, seen from the abuser's point of view, a girl or woman with a disability would seem to "meet the requirements" established above.

One of the reasons that sexual abuse against people with disabilities has recently been of interest for researchers is, in part, because of the anecdotes concerning the belief that one could be "cured" of HIV/AIDS by having sex with a virgin (Groce, 2004). Women with disabilities are often regarded as asexual and therefore "clean" (Groce, 2003).

## **Sexual Abuse Against Girls and Women With Disabilities in North America and Europe**

Gorey and Leslie (1997) produced an integrative review synthesising the findings of 16 cross-sectional surveys on the prevalence of child sexual abuse among nonclinical North American samples. After adjustments for response rates and excluding the noncontact category, they estimated that 12% to 17 % of all girls would experience sexual abuse before the age of 18, mostly by male abusers.

In the past 25 years, several studies have been undertaken with the aim of disclosing the prevalence of sexual abuse specifically among people with disabilities. The studies have shown that girls and women with disabilities were more likely to be subjected to sexual abuse than girls and women without disabilities (for instance, Bergh, Hoekman, & Ploeg, 1997; Crosse, Kaye, & Ratnovsky, 1993; Hassouneh-Phillips, 2005; Jaudes & Diamond, 1985; Knutson & Sullivan, 1993; Kvam, 2004, 2005; Milberger et al. 2003; Oktay & Tompkins, 2004; Ryerson, 1984; Sullivan & Knutson, 2000; Thompson & Brown, 1998). The arena for abuse was often an institution for children or adults with disabilities (Bergh et al., 1997; Kvam, 2004, 2005; Sullivan, Vernon, & Scanlan, 1987; Thompson & Brown, 1998; Zemp, 2002), and the abuser was in a third to half of the cases a male with the same impairment (Bergh et al., 1997; Kvam, 2000; Sullivan, Knutson, & Scanlan, 1996; Thompson & Brown, 1998; Zemp, 2002).

Despite the greater prevalence and severity of abuse against people with disabilities, such acts are less likely to be disclosed (Kvam, 2000, 2004, 2005; Ryerson, 1984). One obvious reason is that many children with a disability have communication problems and will meet difficulties when attempting to explain their case. Another explanation may be that children with a disability may be regarded as less "important." Crosse et al. (1993) found that the primary caretakers of children with disabilities knew about the sexual abuse in 43 % of the cases, compared to only 11% of the caretakers of nondisabled victims. Kvam (2000) found that caretakers tended to attribute changes in the child's behavior to the disability without considering sexual abuse as a reason for the observed behavioral problems.

## **Africa**

The African continent has more than 60 million people living with disabilities (Secretariat of the African Decade of Persons With Disabilities [SADPD], 2007). Studies of living conditions among people with disabilities from Namibia, Zimbabwe, and Zambia (Eide & Loeb, 2006; Eide, Nhiwatiwa, Muderedzi, & Loeb, 2003; Eide, van Rooy, & Loeb, 2003) have documented that people with disabilities in each of the respective countries have poorer living conditions than people without disabilities. Problems include poverty, low levels of participation in education and employment, and poorer social and health conditions.

Evidence-based studies about sexual abuse of people with disabilities from African countries are scarce. Furthermore, Africa is a large, diverse continent, and the political, economical, social, educational, and health situation will vary among the countries as well as among districts, localities, and ethnic groups. Dissimilarities can be expected to be as frequent as similarities reported among African countries with respect to prevalence and nature of sexual abuse against women and girls with disabilities.

The Ministry of Social Development and Persons With Disabilities in Malawi states that girls and women with disabilities experience greater discrimination and exclusion from mainstream society than men with disabilities. Women with disabilities experience discrimination not only because of their disability but also because of their gender, giving them an even lower status in society. For this reason, disabled people's organizations (DPOs) in Malawi have started the process of putting issues of discrimination and sexual abuse against women with disabilities on the agenda. This study is a part of that process.

## Malawi

The former British protectorate Nyasaland, located in southern central Africa, became the independent republic of Malawi in 1964. Malawi is a democratic country and has a population of approximately 13 million people. It is among the poorest countries in the world, and about half of the women are illiterate (Global AIDS Interfaith Alliance, 2006). Malawi's economy is predominantly agricultural, and approximately 90% of the population live in rural areas (Loeb & Eide, 2004). The country has not been an arena for violent wars in the last decades. Seen in this context, the study done by Rani, Bonu, and Diop-Sidibé (2004) on attitudes toward wife beating among seven sub-Saharan African countries is very interesting. They found that both Malawian men and women were significantly less likely to justify wife beating in certain situations than men and women in the other countries.

At the end of the last century, Maluwa-Banda (2001) conducted a study among people ages 12 to 25 years to collect information about the attitudes of this group regarding sex and sexual intercourse. More than 75% of the responding boys and girls had taken part in sexual intercourse, but only 5% reported ever having sex against their will. Munthali, Chimbiri, and Zulu (2004) conducted a survey among more than a thousand school-age girls in Malawi. They had a different conclusion: Half of the girls had experienced some form of sexual abuse in school. Every second girl said that her private parts had been touched without permission by either her teacher or male classmates. More than half of the incidents of sexual violence were committed by fellow pupils.

There are no corresponding studies among men and women with a disability concerning sexual matters, but two studies refer to their position in local society. A study among people with albinism concluded that this particular group was often

discriminated against mainly because of lack of awareness about albinism in the society in which they live (Braathen & Ingstad, 2006). The study found no evidence of stigmatization or mistreatment by family and friends. On the contrary, the study found that people with albinism were mostly treated with equality and respect by their closest relatives and friends. A study on living conditions among people with activity limitations in Malawi (Loeb & Eide, 2004) had a similar conclusion: People with disabilities were not very affected by their disability status in family settings.

The pilot study, on which this article is based, was financed by the Atlas Alliance, Norway, and the Norwegian Department for Foreign Affairs, and was carried out as a collaboration between SINTEF Health Research, Norway; Disabled Women in Development (DIWODE) in Malawi, and the Federation of Disability Organisations of Malawi (FEDOMA; [www.fedoma.org](http://www.fedoma.org)). The theme was put forward by DIWODE's interests in getting evidence-based knowledge about the nature of sexual assault against its members. The headquarters of the Malawi organizations are situated in the city of Blantyre, which was the study site selected for this pilot project.

## **Project Objective**

The overall objective of this pilot study was to help the organizations for women with disabilities in Malawi in their struggle for equal rights and better quality of life for their members. This could be accomplished by exploring and producing knowledge on, among other things, the nature of the phenomenon of sexual abuse against girls and women with disabilities.

The specific aims were to disclose and describe the nature of possible sexual assault against this vulnerable group. Through the disclosure of the problems, the project aimed at giving the disabled people's organizations a document that could be used as a means of influencing and raising awareness among organizations, politicians and policy makers, health care workers, their own members, and families of people with disabilities. By disseminating the results, the study aimed at assisting the Disabled Peoples' Organisations (DPOs) in their planning of customized peer support for victims of sexual assault and in their effort to influence the legal system. It was also intended that the project should provide a theoretical and methodological basis for future research.

## **Participants, Method, and Implementation**

### **Participants**

We wanted to get information from female informants older than 18 years of age with a hearing, visual, physical, or intellectual impairment or albinism. If the informant was incapacitated, as may occur in connection with intellectual disabilities, she would be accompanied by a female spokesperson. In these cases, the person with a

disability would be asked the same questions as the rest of the group and together with her spokesperson would decide how to answer the questions. Because of practical and economical reasons, the informants were restricted to living in or close to Blantyre. All the informants were identified by DIWODE or other DPOs. Interviews were conducted in English and/or Chichewa, the official languages in Malawi.

The project group got the names of 25 women, of whom 23 were available for interviews in June 2006. Approximately half of them had grown up in a rural village, and the other half had grown up in a town or in a city. Most of them had grown up with both parents, apart from 4, who had lived with other relatives. All informants had some education. Four had not finished primary school, 6 had passed Form 4, and 7 had some sort of higher education (college or university). At the time of the interview, 3 women were students at school, in college, or at university; 4 said they were doing some sort of self-employed business, 4 worked in an office, 3 were teachers, 4 were unemployed, and 4 were doing other kinds of work (1 informant did not reply to this question).

## Method

Apart from the surveys among a sample of schoolchildren (Maluwa-Banda, 2001; Munthali et al., 2004), Malawi has no research disclosing the prevalence or nature of sexual abuse in the general population. It was therefore neither feasible nor possible to conduct a comparative prevalence study. Considering the general lack of information on the subject of sexual abuse against girls and women with disabilities, it was deemed most practical to commence with a pilot project. The results generated from this pilot study will then be of value both for the stated project objective and for later prevalence and/or comparative studies.

There are several reasons for choosing a qualitative method of data collection and analysis for this study. Only 1% to 2% of children with disabilities in Africa receive a valid formal education (SADPD, 2007), thus limiting some potential respondents' ability to read and answer a questionnaire. A questionnaire would also exclude respondents with intellectual disabilities. Furthermore, the postal service in the country is not regarded as totally reliable. Finally, the sensitive questions about sexual harassment are, for some individuals, not suited for a questionnaire. These ethical and practical considerations made a survey among this particular group impractical. The best way to get valid results within the budget was regarded to be those based on qualitative interviews with a sample of women with disabilities. Their individual experiences could give details and extra information that can be analyzed and used by the organizations as well as for future research.

The interviews were structured to allow the informants to tell their stories freely, but an interview guide was developed to ensure that all aspects of relevance and interest were covered during the interview. The questions of interest were meant to disclose or explain a possible extra risk of sexual assault: interviewees' life and family situation during childhood, the reason for the disability and how it influenced their childhood and adult life, how they managed school and education, and their

current life situation. The questions about sexual abuse were regarded as the most sensitive and were therefore presented at the end of the interview. This article will focus only on the aspects of sexual abuse.

## Implementation

The project team consisted of two researchers from SINTEF Health Research, Norway (the authors of this article), and one Malawian woman from DIWODE, Maria Phalula. The Malawian woman received training to be able to assist in and conduct interviews. She also acted as an interpreter when the informants did not speak English. About half of the interviews (12) were conducted in Chichewa (among them the 7 conducted by the Malawian woman alone), and 7 were conducted in English. The deaf group had a sign language interpreter, but 3 of the deaf women answered mostly in English. Six of the interviews were tape-recorded and transcribed with consent of the interviewees. If the interviewee hesitated regarding the tape recorder, the interview was recorded by hand by both the Norwegian researchers. Likewise, if the interview took place in Chichewa or sign language, the translated statements and stories were written down by both researchers. The Malawian woman was given a tape recorder to use when she was alone.

Twelve of the informants were interviewed at home, 4 at work, 3 at school, and 4 (the deaf group) at FEDOMA. Eighteen interviews were conducted face-to-face with the woman alone. One woman with an intellectual disability had her mother by her side, and the mother spoke while her daughter kept silent or nodded. Both focus group discussions and brief individual conversations were used for this particular group of women.

Each interview started with a presentation of the interviewers and the project. Then the rights of the informants were presented in both oral and written form in the preferred language.

The fieldwork was conducted in June 2006, and data analysis was carried out by the Norwegian team from July to December 2006. SPSS for Windows (Release 11.0) was used to get an overview of dispersion and details concerning, for instance age, disability, number of sisters and brothers, education, place where one grew up, number of own children, and employment.

Because the number of interviews was low (23), we found that manual coding was possible and the most accurate way of analyzing the stories of the participants. At the start of the coding, all the transcriptions of the interviews were read and reread in a hermeneutic process. We used an open coding (Strauss & Corbin, 1990) to find concepts and categories that could give valid information about the life of the participants. In regard to sexual abuse, we focused on their knowledge and thoughts about the problem (a) in general, (b) among people with disabilities, and (c) among children and adults in their circle of acquaintances and (d) their own experience with the theme, (e) what they regarded as the main risk factors, and (f) how abuse could be prevented.

## Ethical Considerations

Questions about sexual abuse are sensitive. Therefore, the ethical considerations were thoroughly discussed, and ethical clearance was sought and obtained from the National Health Sciences Research Committee in Malawi. All participation was voluntary, and the informants were free to withdraw at any time. The respondents were ensured of their anonymity at all times. When they are quoted in this article, it is without reference to name, age, or other identifying information. Some insignificant details in the quotations have been changed to ensure that individual statements could not be traced back to the informants. Each interviewee was given the name and address of people she could contact if she was in need of support.

## Results

### Description of the Participants

The organization DIWODE was requested to identify women within five different types of disability: physical or motor disability, blindness or severe visual impairment, albinism, deafness or severe hearing impairment, and intellectual impairment. No attempt was made in any way to standardize the selected women, and they differed with regard to the degree of disability, functional abilities, age, background, and marital status. Their ages ranged from 18 to 61 years: 6 in the age group 18 to 27 years, 8 in the age group 28 to 37 years, and 9 who were 38 years or older. The mean age was 37 years.

Table 1 presents an overview of type of disability and age at onset of disability among the 23 respondents. Physical or motor impairments were the most common form of disability among the women (10 individuals). One was dependent on using a wheelchair to get around, whereas others could move around with one or two crutches or callipers or managed without assistive devices. One woman had lost an arm. Four women were totally blind and had to be guided by a seeing person. Three had albinism. They had—as part of their disability—a visual impairment, and thus the group of women with visual impairment included 7 people. The women with albinism were obliged to shelter themselves from the effects of the African sun, both because of their skin condition and because of their visual impairment. Four women were hearing impaired; all of them regarded themselves as totally deaf and used sign language during the interview. The 2 women with intellectual impairment constituted the smallest group. It is unknown what type of intellectual impairment they had, but 1 of them had the visible characteristics of Down syndrome.

One woman with a physical disability and all those with albinism were born with their disability. The woman displaying characteristics of Down syndrome was not identified by her parents as having any disabling problems until she was about 6 to 7 years old.

**Table 1**  
**Age of Onset of Disability and Type of Disability by Group (N = 23)**

Type of Disability	Age When Disability Started (years)					Total
	0 to 2	3 to 6	7 to 12	13 to 19	20 or older	
Physical disability	5	4	1			10
Blindness	1	2		1		4
Albinism	3					3
Deafness		3			1	4
Intellectual disability	1		1			2
TOTAL	10	9	2	1	1	23

Nineteen of the women were disabled before the age of 7. That means that the majority had a disability prior to school age. Eight of the women said they got the disability after a fever illness (malaria, polio, etc.), 3 thought (or had thought for many years) that the reason for the disability was witchcraft, 1 claimed it was God's will, and the rest had no explanation.

### Childhood Sexual Abuse

The interviewees were asked if they had heard about sexual abuse of children in Malawi. Most of them said that they had learned about it in the past few years. They had heard it on the radio, or they had read about it in the newspaper. Apart from 2 of the informants, the rest claimed that they did not personally know any girl who had been the victim of sexual abuse.

I have heard of rape involving two teachers—the girls were not disabled. The first teacher raped a schoolgirl. The girl reported to the authorities, but the teacher refused, saying it was an agreement. The teacher was not punished. The other teacher impregnated another schoolgirl. The girl revealed that it was her teacher. Parents of the girl reported the matter to the district education manager, and the teacher was dismissed from his service.

Many of the informants thought that sexual abuse of children was an increasing problem, partly because of the “cleansing of HIV” and partly because of the increase in alcohol and drug abuse.

I have heard stories, but not about persons I know. I have heard stories of cleansing of HIV, but I do not know if that is why so much abuse happens. . . . More and more people abuse drugs and alcohol, very often use drugs, and when they do, they often become violent.

When asked if they had heard stories about girls with disabilities being the victims of sexual abuse, most of them shook their head.

No, I have not heard. But I guess it may happen.

Only a few had heard stories about children with disabilities who were sexually abused.

I heard a story about a mentally disabled child abused by her brother and a blind child abused by a teacher. But I do not know them.

They were also asked if they themselves had experienced attempts of sexual abuse during childhood. None of the individually interviewed women had—according to their own stories—been victims of sexual abuse during childhood.

I have not experienced sexual abuse, only bad language. . . . I have heard of rapes somewhere, but not in our community. I think that people keep secrets.

It should be noted that during one of the interviews carried out by the Malawian interviewer alone, a story of experienced childhood sexual abuse was told. The interviewee, however, made use of her right to withdraw the story, a decision that is respected in the article.

Those who had attended a boarding school—mainly the blind women—said that they were glad that the other pupils were girls and that the staff consisted of females. They thought that this had reduced or eliminated the risk of sexual abuse in school. The mother of a young woman with an intellectual disability told us that during her daughter's childhood, she was aware of her daughter's being at risk and therefore took precautions to prevent her from being sexually abused.

I have always been afraid that some cruel man will come and abuse my daughter. So I make sure that before sunset she is at home in the house.

The group interviewed with sign language interpretation was not as open as those who participated in the personal interviews. The presence of their friends may have made it more difficult to tell a possible personal story of abuse. The group (and interpretation) situation also made it more difficult for the interviewers to detect hesitations and signs of distress, which could have been contradictory to the words and sign language.

## **Sexual Abuse and Sexual Relations in Adult Life**

The women were asked if they knew about adult women with disabilities who were sexually abused. Just a few had heard such stories, but they had no personal information. One informant told us a story:

I can tell a story I have heard from 1989. A lady went to an orthopedic clinic. She had to take off her prosthesis. She was sitting on a chair, unable to move, and the man came and raped her. Another doctor came and saw what happened, and the man was dismissed from his job. But the woman did not receive any help after the assault, and she did not report it.

One woman with intellectual impairment told us that she had learned from her mother to be careful.

I refuse any proposal from a man—this is to control myself. My mother is also very strict; she does not want me to do the other things that girls do.

One topic covered during the interviews dealt with family life and sexual relations in adulthood. This topic seemed to engage the informants. They generally used synonymously the concepts of marriage, being intimate with a man, living together with a man, and having a marriage certificate or having a civil marriage. To be married seemed to be important to all the informants. Those who were not already married mentioned several times that they wanted to have a family of their own. Eight of the women had never been married.

I have no boyfriend or husband and no child, but I want to be married one day and have my own children.

At the same time, the women expressed their belief that their disability made them less attractive. In that regard, they also concluded that women with a disability often had fewer expectations and made fewer demands on the qualities of the husband.

... because he did not respect me and treat me well. He said, "I made a mistake to marry a person with a disability." He said I should be thankful that he married me. I was more like a slave in the house, and when he came home to find that I was not there, he could accuse me of being unfaithful, and he would often beat me. I had no peace of mind; he used bad words to me and treated me like a slave.

A "divorced" woman confessed that when a man made advances toward her, she thought, "Maybe this is my chance?" Similar remarks were expressed by more than half of the women, among both those divorced and those not yet married.

Some of the informants were aware of the controversy caused by relationships between women with disabilities and nondisabled men. One woman with albinism said the following:

It is a problem for me to get married. People say to my boyfriend, who is Black, "Why do you want to be married to such a person?" Remember—my father's relatives were saying to him that he should divorce my mother because she had got an albino baby.

But a woman with a disability wanting to marry a man with a disability might also meet obstacles.

My right to marry was at one time violated. When my husband came to ask for a hand in marriage, my uncle would not hear of it. He said that the man was disabled, and how were we going to assist each other? The two of us knew what we were doing. You know, he was the first man to propose to me, and I knew that he was the one for me. After several meetings with my uncle, he then gave up and now we are happily married.

Fourteen of the women had given birth to children, but one had lost both her children. All the informants who were mothers claimed that their children had the same father, apart from one woman who had three children with three different fathers.

I have three children, and all have a different father. I got my first child while I was in school, the father said he would marry me, but he left. The second father said he would marry me, but he left when the baby was 3 months old. Now I am divorced from my third husband. . . . Since he left there has been no communication.

Five of the women said that they, in addition to their own children, also looked after other children who were not their own. This is not uncommon in Malawi. According to the informants, most of the children found such arrangements natural and pleasant.

Almost half the respondents brought the topic of women with disabilities being tricked into marriage on the agenda. This was a well-known phenomenon to all of the informants, and 8 had experienced it themselves. One woman admitted that she had been tricked twice. They complained that men would seduce them and propose marriage to them to have sex with them, but as soon as the women fell pregnant, the men would disappear. Many of the informants complained that they had been used as sex partners and that their husbands from the beginning had no intention of marrying them and remaining with them throughout life.

My first husband left me when I got pregnant. So when I met my present husband, my parents were very afraid that I should have to go through the same as with my first husband. So they asked him, "Why do you want to marry her? There are so many people without disabilities to marry?" He said, "I don't see her different from others."

At the time of the interviews, 10 of the women were single mothers, 1 a widow. All the women were disabled at the time of marriage, but in spite of this, some of them claimed that their husbands had left them because of their disabilities.

Women with disabilities are sexually abused by being used as wives. The men have sex and give them children and go away. Most disabled are alone with their children. I was abused in this way by my husband. . . . I am divorced—I got divorced in the late '70s, and he is the father of all four children. He now lives in another place with a new wife and children. . . . He said he was tired of looking after a disabled woman, so he left.

He used to say, "It is a problem to look after a disabled." He expected more than I could give; or maybe it was only what I thought. I always thought the divorce had to do with my disability.

Many felt that they were cheated and misled by their husbands, who only wanted a sexual partner.

I met a man who wanted to marry me. He was kind at the beginning, and we had a civil marriage. . . . He moved to another town when I was 6 months pregnant. When we met he was already married, but he did not tell me this; he cheated me. Yes, he cheated me. He was already married.

Obviously the informants felt that they were in a vulnerable situation because of their disability. The men took advantage of their situation and made false promises of marriage. Their own vulnerability could also make their children suffer. A woman with a physical disability told a story of her own (nondisabled) daughter who was abused.

My daughter was sexually abused. She was raped several times from when she was 10 years old till now, when she is [omitted] years old. I discovered it this year, when I saw that my daughter had some money and some new exercise books. I had to beat my daughter till she told me where the money came from. My daughter then told me that the man used to pick her up from the house and take her to his house. He would give her 100 MK (less than US\$1) every time, and she would go with him. He is old, and he is married. He used to tell my daughter that he was going to marry her in the future. The girl is now HIV positive. She has got medicines for trying out what she will need. When I found out what had happened, I went to the police, and the case is now in court. The man is now in prison. He said that the girl was his girlfriend, but the police said that she was too young to be that. The girl said that the man had said that if she told anyone he would kill her. The man's family has offered me money not to prosecute him.

For the mother, it was a terrible experience, and her burden was not lessened when people said that the abuse of her daughter happened because she failed to adequately look after her. She believed that she was doing her best and thought she was a good mother. One cannot say for sure that the disability of the mother was the reason for the daughter's abuse, but it may be likely that her disability may have contributed to the daughter's having less resistance to the offer of money and to the offender's choosing just that girl (one whose mother would be less likely to detect the abuse).

## What Can Be Done?

All the women were eager to suggest solutions when asked what could be done to prevent sexual abuse against girls and women with disabilities. They were glad that the problem was discussed more openly in today's society.

What can be done? Government should make a policy to make stiffer punishment for men who abuse women. Punishment today—it is a lot of corruption and the offender can easily buy himself free, especially if he has a good position. By law the punishment is minimum 5 years.

Also, the problem of men's marrying without the intention of being a responsible husband and father was eagerly discussed. Most of them wanted to have laws that made the fathers economically responsible for their biological children regardless of where they lived.

Women with disabilities are abused by being used as wives. They give them children and go away. Most disabled are alone with their children. I was abused in this way by my husband. There is no law to protect the women. Such a law could make situation better.

Nevertheless, they meant that the situation today is better than it used to be.

It has been silent when sexual abuse has happened, but now an abuser can be taken to court. I hope in the future that we will have more awareness, lobbying to put up a policy, but we have to go to grassroots for awareness.

All of them argued that women with disabilities must get better access to their special education needs. That would give them more respect in society, and they would get better jobs and be less reliant on a man as a breadwinner. One woman had her own experience in this matter:

People have changed their attitude towards me because of what I have accomplished. I have a junior certificate and I also have a teacher's certificate. . . . I have a house of my own.

## Discussion

This project is the first of its kind in Malawi. The core of the study comprised individual qualitative interviews and focus group interviews among 23 women. The intent of the study was to bring into focus possible problems experienced by women with different types of disabilities. The study aimed to understand and explore an area where previous knowledge is very limited.

The informants did not report self-experienced childhood sexual abuse, nor did they personally know about other girls with disabilities who were sexually abused. Violence connected to sexual relations in adulthood was reported by 2 women; one was violated because she did not become pregnant, and the other one because her husband accused her of being unfaithful. The others had not been physically abused in connection to sexual relations. Practically all the interviewees regarded abandonment as sexual abuse, especially when the relationship resulted in pregnancy. They felt

that women with disabilities were more vulnerable to this type of abuse than other women. The informants were very engaged in this theme and wanted society and the authorities to take action in this matter, especially to make the men economically responsible for their children.

The denial of personal experiences of childhood sexual abuse was unexpected, even though this finding was, in part, in accordance with the results from the study of Maluwa-Banda (2001). Compared to other information about girls and women with disabilities from North America and Europe (Bergh et al., 1997; Hassouneh-Phillips, 2005; Kvam, 2004, 2005; Oktay & Tompkins, 2004; Ryerson, 1984; Sullivan & Knutson, 2000) and Africa (Munthali et al., 2004), the lack of reports of abuse among the Malawian women is surprising.

Also, the low occurrence of sexual violation among our adult informants was unexpected. The anecdotes about people who believed that they could be cured of HIV/AIDS by having sex with a virgin (Groce, 2004) could indicate a larger risk for women with disabilities, who are often regarded as "clean."

The study and the results have some limitations. An element of uncertainty lies in the communication situation in the interviews. Some of the women in the sample preferred to speak Chichewa. In those interviews, the interpreter was used, and some information may have been lost in the translation process. There did not, however, seem to be any discrepancy between the interviews that were conducted in English and those where interpretation was used. It seemed that all informants knew some English and to a certain degree could follow and control the interpretation. In addition, the Malawian translator conducted some interviews on her own after having been trained in interview techniques, and the data from these interviews did not differ significantly from the stories told in English. Despite some uncertainties, we regard the reliability of the told stories to be good.

The lack of personal stories about childhood sexual abuse should not be interpreted as proof that sexual abuse has not happened, and a question of validity may be asked. There is reason to believe that in Malawi, as in the rest of the world, there will be underreporting of such issues (Kvam, 2000, 2004, 2005; Ryerson, 1984). The story about childhood abuse that was withdrawn is possibly indicative of this phenomenon. Some informants may have been assaulted but have forgotten or suppressed the incidents. Furthermore, the topic of sexual abuse of people with disabilities has not been on the agenda in the country, and to some, it may be embarrassing to speak openly about possible experienced abuse. It should, however, be noted that the informants showed great openness in other personal matters during the interviews and thus gave an impression that they were willing to share personal information.

On the other hand, when the informants did not report self-experienced childhood sexual abuse, there is a chance that many of them have not been victimized. If so, the explanation may be found in the sample, which had a predominance of individuals with a physical disability. The interviewed group was limited to 23 persons, and they did not constitute a random or representative sample. In some ways, they differed

from the majority of the inhabitants in Malawi. Compared to the girls in the school study (Munthali et al., 2004), our respondents belonged to an older generation. Perhaps the situation for children is worse today than it was when the informants in this study were children. Also, many of the girls in the school study by Munthali et al. (2004) had been abused by male persons at school. Some of our interviewees were at home with their mother or grandmother for many years during childhood. Thus they were less accessible for male abusers. The boarding schools in America and Europe were often the arena of sexual abuse of girls, often by boys at the same school (Knutson & Sullivan, 1993; Kvam, 2004). The same was found in Africa (Helander, 2004). In this study, the boarding school students had female teachers and female peers at school. Thus, the school situation may have reduced some risk factors. None of them lived in an institutional setting as adults, a fact that may have reduced the risks of sexual abuse (Bergh et al., 1997; Sullivan et al., 1987; Thompson & Brown, 1998; Zemp, 2002). In developed countries, it has been shown that having a disability leads children into situations of increased risk. One such aspect concerns the many caretakers on whom children with disabilities become dependent throughout life (Sobsey & Mansell, 1994), a risk that was practically nonexistent for the informants in this study.

The informants in this study reported that they were treated with respect in the family, in some contrast to the conclusions in the study from Crosse et al. (1993), and this may, as seen from Armstrong et al. (1992), have provided them with a self-confidence that they otherwise would have lacked.

The sample differs from the main population also in their living situation. Most of the informants in this study had grown up in Blantyre district, and all of them were currently situated in or close to the town, with better public transport and more job opportunities than in rural areas. They were also members of one of the disability organizations. Members of a disability organization may possess more intellectual and/or economical resources than nonmembers with disabilities and can partake in the knowledge within the organization and in awareness raising. This may, as seen from Conte et al. (1989), have reduced the risk of childhood sexual abuse among the sample. Their courage and self-confidence can be noticed by the fact that several of them had started "businesses" as adults. The stories provided here may have been different if told by women in rural districts.

Also, the existing culture may form part of an explanation that supports the idea that sexual abuse against people with disabilities is rare in Malawi. As found by Rani et al. (2004), the people in Malawi seldom justified wife beating, and the country has not been subjected to violent armed conflicts and roaming armed soldiers. The children with disabilities were treated with respect and care in the families, as shown in the studies by Loeb and Eide (2004) and Braathen and Ingstad (2006).

When sexual abuse in adulthood was brought up, the informants were eager to tell about their experiences. They used the term *sexual abuse* about their marriage situations:

Men came and offered marriage but left when the women became pregnant or after they had satisfied their sexual needs. This is in accordance with similar stories told by Helander (2004), showing that deaf or blind women had to leave the boarding school when they became pregnant. This would require an extension of the definition of sexual abuse that is used by the Council of Europe (1992) to include the situation when a man tricks a woman into sexual relations by using his superior situation. The informants in this study were very engaged in this theme and wanted society and the authorities to take action by making the fathers economically responsible for their biological children.

The organization DIWODE is using the report from this study to influence the authorities concerning this subject.

## Conclusion

This study did not uncover personal stories of childhood sexual abuse among the 23 women with different disabilities who were interviewed. The topic of sexual abuse seemed to be rather new to them. We presume that this study has created more openness on the topic, thereby allowing for the disclosure of possible other stories of abuse in a later study.

Sexual abuse as defined in the general literature was not experienced in adulthood by the respondents. However, they regarded as sexual abuse the common experience of men who offered marriage only to leave once the woman got pregnant or they had satisfied their sexual needs. Therefore they wanted laws that made the fathers economically responsible for their children regardless of where they lived.

The results from this study have pointed out the need for special initiatives. Above all, people with disabilities should be offered special education adjusted to their needs. The women themselves regarded education and work as the most important means of empowerment. Better education meant access to better jobs, more economic independence and the attainment of a better position in society, and the power to refuse the advances of unserious suitors.

The overall conclusion, however, is that more studies about different types of sexual abuse and violence against women with disabilities in the African setting are needed. Such studies should employ larger, random samples with more attention paid to the type of disability as a factor in physical and/or sexual abuse. There is a need for more evidence-based information about the prevalence of sexual abuse and about factors that put women at risk as well as those that may provide some form of protection in cities, towns, and rural villages or districts. Such knowledge will enable the different countries to take preventive measures adapted to their own local needs.

## References

- Armstrong, R. W., Rosenbaum, P. L., & King, S. (1992). Self-perceived social function among disabled children in regular classrooms. *Journal of Developmental and Behavioural Pediatrics, 13*, 12-20.
- Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., Akman, D., & Cassavia, E. (1991a). A review of the short-term effects of child sexual abuse. *Child Abuse & Neglect, 15*, 537-556.
- Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., Akman, D., & Cassavia, E. (1991b). A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect, 16*, 101-118.
- Bergh, P. M. van den, Hoekman, J., & Ploeg, D. van der. (1997). Case file research: Nature and gravity of sexual abuse and the work method of an advisory team. *NAPSAC Bulletin, 8*.
- Braathen, S. H., & Ingstad, B. (2006). Albinism in Malawi: Knowledge and beliefs from an African setting. *Disability and Society, 21*(6), 599-611.
- Conte, J. R., Wolf, S., & Smith, T. (1989). What sexual offenders tell us about prevention strategies. *Child Abuse & Neglect, 13*, 293-301.
- Council of Europe. (1992). *A coherent policy for the rehabilitation of people with disabilities*. Strasbourg, France: Author.
- Crosse, S. B., Kaye, E., & Ratnovsky, A. C. (1993). *A report on the maltreatment of children with disabilities*. Washington DC: National Center on Child Abuse and Neglect.
- Cruz, V. K., Price-Williams, D., & Andron, L. (1998). Developmentally disabled women who were molested as children. *Social Casework: The Journal of Contemporary Social Work, 69*, 411-419.
- Eide, A. H. & Loeb, M. E. (2006). *Living conditions among people with activity limitations in Zambia: A national representative study* (SINTEF Report No. STFT A262). Oslo, Norway: SINTEF Health Research.
- Eide, A. H., Nhiwatiwa, S., Muderredzi, J., & Loeb, M. (2003). *Living conditions among people with activity limitations in Zimbabwe: A representative regional survey* (SINTEF Report No. STF78A034512). Oslo, Norway: SINTEF Health Research.
- Eide, A. H., van Rooy, G., & Loeb, M. (2003). *Living conditions among people with Disabilities in Namibia: A national, representative study* (SINTEF Report No. STF78A034503). Oslo, Norway: SINTEF Health Research.
- Ferguson, K. S., & Dacey, C. M. (1997). Anxiety, depression, and dissociation in women health care providers reporting a history of childhood psychological abuse. *Child Abuse & Neglect, 21*, 941-952.
- Global AIDS Interfaith Alliance. (2006). *Fact sheet on Malawi*. Retrieved October 26, 2006, from <http://www.thegaia.org>
- Gorey, K. M., & Leslie, D. R. (1997). The prevalence of child sexual abuse: Integrative review adjustment for potential response and measurement biases. *Child Abuse & Neglect, 21*, 391-398.
- Groce, N. E. (2003). HIV/AIDS and people with disability. *Lancet, 361*, 1401-1402.
- Groce, N. E. (2004). Rape of individuals with disability: AIDS and the folk belief of virgin cleansing. *Lancet, 363*, 1663-1664.
- Gualnick, M. J., Neville, B., Hammond, M. A., & Connor, R. T. (2007). The friendships of young children with developmental delays: A longitudinal analysis. *Journal of Applied Developmental Psychology, 28*(1), 64-79.
- Hassounieh-Phillips, D. (2005). Understanding abuse of women with physical disabilities: An overview of the abuse pathways. *Advances in Nursing Science, 28*, 70-80.
- Helander, E. (2004). *The world of the defenceless*. Iasi, Romania: Institutul European.
- Jaudes, P. K., & Diamond, L. J. (1985). The handicapped child and child abuse. *Child Abuse & Neglect, 9*, 341-347.
- Kendall-Tacket, K., Williams, L., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*, 164-180.
- Kendler, K. S., Bulic, C. M., Silberg, J., Hettema, J. M., Myers, J., & Prescott, C. A. (2000). Childhood sexual abuse and adult psychiatric and substance use disorders in women. *Archives of General Psychiatry, 57*, 953-959.

- Kirkengen, A. L. (2001). *Inscribed bodies: Health impact of childhood sexual abuse*. Dordrecht, Netherlands: Kluwer Academic.
- Knutson, J. F., & Sullivan, P. M. (1993). Communicative disorders as risk factor in abuse. *Topics in Language Disorders*, 13(4), 1-14.
- Kvam, M. H. (1993). Hard-of-hearing pupils in ordinary schools: An analysis based on interviews with integrated hard-of-hearing pupils and their parents and teachers. *Scandinavian Audiology*, 22, 261-267.
- Kvam, M. H. (2000). Is sexual abuse of children with disabilities disclosed? A retrospective analysis of child disability and the likelihood of sexual abuse among those attending Norwegian hospitals. *Child Abuse & Neglect*, 24, 1073-1084.
- Kvam, M. H. (2004). Sexual abuse of deaf children: A retrospective analysis of the prevalence and characteristics of childhood sexual abuse among deaf adults in Norway. *Child Abuse & Neglect*, 28, 241-251.
- Kvam, M. H. (2005). Experiences of childhood sexual abuse among visually impaired adults in Norway: Prevalence and characteristics. *Journal of Visual Impairment and Blindness*, 99, 5-14.
- Kvam, M. H., & Braathen, S. H. (2006). *Violence and abuse against women with disabilities in Malawi* (SINTEF Report No. STFT A576). Oslo, Norway: SINTEF Health Research.
- Kvam, M. H., Loeb, M., & Tambs, K. (2007). Mental health in deaf adults: Symptoms of anxiety and depression among hearing and deaf individuals. *Journal of Deaf Studies and Deaf Education*, 12(1), 1-7.
- Loeb, M., & Eide, A. (2004). *Living conditions among people with activity limitations in Malawi: A national representative study* (SINTEF Report No. STF78 A044511). Oslo, Norway: SINTEF Health Research.
- MacMillan, H., Fleming, J. E., Streiner, D. L., Lin, E., Boyle, H., Jamieson, E., et al. (2001). Childhood abuse and lifetime psychopathology in a community sample of Ontario residents. *American Journal of Psychiatry*, 158(11), 1878-1883.
- Maluwa-Banda, D. (2001). *Baseline survey report on sexual and reproductive health programme for out-of-school young people*. Lilongwe, Malawi: Department of Youth.
- Matheson, C., Olsen, R. J., & Weisner, T. (2007). A good friend is hard to find: Friendship among adolescents with disabilities. *American Journal on Mental Retardation*, 112(5), 319-329.
- McCauley, J., Kern, D. E., & Kolodner, K. (1997). Clinical characteristics of women with a history of childhood abuse: Unhealed wounds. *Journal of the American Medical Association*, 277, 1362-1368.
- Milberger, S., Israel, N., LeRoy, B., Martin, A., Potter, L., & Patchak-Shuster, P. (2003). Violence against women with physical disabilities. *Violence and Victims*, 18(5), 581-591.
- Munthali, A., Chimbi, A., & Zulu, E. (2004). *Adolescent sexual reproductive health in Malawi: A synthesis of research evidence. Occasional report*. New York: Allan Guttmacher Institute. Available from <http://www.guttmacher.org>
- Oktay, J. S. & Tompkins, C. J. (2004). Personal assistance providers' mistreatment of disabled adults. *Health and Social Work*, 29(3), 177-188.
- Rani, M., Bonu, S., & Diop-Sidibé, N. (2004). An empirical investigation of attitudes towards wife beating among men and women in seven sub-Saharan African countries. *African Journal of Reproductive Health*, 8(3), 116-136.
- Ryerson, E. (1984). *Sexual abuse and self-protection for developmentally disabled youth* (SIECUS Report XIII). Seattle: Sexuality Information and Education Council of the United States.
- Secretariat of the African Decade of Persons with Disabilities (SADPD). (2007). *Disability in Africa*. Retrieved October 9, 2007, from <http://secretariat.disabilityafrica.org/index.php>
- Sobsey, D., & Mansell, S. (1994). Sexual abuse patterns of children with disabilities. *International Journal of Children's Rights*, 2, 96-100.
- Strauss, A., & Corbin, J. (1990). *Basis of qualitative research: Grounded theory, procedures and techniques*. London: Sage.
- Sullivan, P. M. & Knutson, J. F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24, 1257-1273.

- Sullivan, P. M., Knutson, J. F., & Scanlan, J. M. (1996). *Psychotherapy for sexually abused children with disabilities*. Iowa City: University of Iowa, National Clearinghouse on Child Abuse and Neglect.
- Sullivan, P. M., Vernon, M., & Scanlan, J. M. (1987). Sexual abuse of deaf youth. *American Annals of the Deaf*, 132, 256-262.
- Thompson, D., & Brown, H. (1998). Response-ability: Working with men with learning disabilities. Literature review and theory. *Sexuality and Disability*, 16(2), 87-102.
- Turk, V., & Brown, H. (1993). The sexual abuse of adults with learning disabilities: Results of a two-year incidence survey. *Mental Handicap Research*, 6(3), 193-216.
- United Nations. (1994). *The standard rules on the equalization of opportunities for persons with disabilities*. New York: United Nations.
- Zemp, A. (2002). *Sexual violence against people with handicaps in institutions*. Abstract in English retrieved from NCBI PubMed.